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APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\*** *mdt*  
 This appln claims benefit of 60/454,308 03/14/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *mdt*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MT	SHEETS DRAWING 0	TOTAL CLAIMS 49	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>Michael</i>	INITIALS <i>mas</i>		

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TITLE  
 Homeopathic formulations useful for treating pain and/or inflammation

FILING FEE  RECEIVED 646	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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